Edgar Filing: SAVIERS F GRANT - Form 4

SAVIERS F GRA Form 4 December 08, 20										
FORM 4										
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check this boy if no longer subject to Section 16. Form 4 or		EMENT	Number: Expires: Estimated a burden hour response	•						
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 1	oursuant 7(a) of t 30								
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person SAVIERS F GRANT							5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)						all applicable)	
PO BOX 9106, THREE TECHNOLOGY WAY			(Month/Day/Year) 12/06/2005				X_ Director10% Owner Officer (give titleOther (specify below)below)			
	(Street)			iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
NORWOOD, M	A 020629	106					Form filed by Mo Person	ore than One Rej	porung	
(City)	(State)	(Zip)	Table I - I	Non-Deriva	tive Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transact (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Comm Stock-\$.16-2/3 value							5,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 39.44	12/06/2005		А	15,000	12/06/2006 <u>(1)</u>	12/06/2015	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 13.59					12/10/1998 <u>(1)</u>	12/10/2007	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 13.44					12/10/1999 <u>(1)</u>	12/10/2008	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 33.4					12/10/2000 <u>(1)</u>	12/10/2009	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 44.5					11/10/2001 <u>(1)</u>	11/10/2010	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 39.06					07/18/2002 <u>(2)</u>	07/18/2011	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 41.05					01/22/2003(1)	01/22/2012	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 19.89					09/24/2003 <u>(1)</u>	09/24/2012	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 45.27					12/10/2004(1)	12/10/2013	Comm Stock-\$.16- value
Non-Qualified Stock Option (right to buy)	\$ 37.7					12/07/2005 <u>(1)</u>	12/07/2014	Comm Stock-\$.16- value

Reporting Owners

Reporting Owner Name / Address

Relationships

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Director 10% Owner Officer Other

SAVIERS F GRANT PO BOX 9106 THREE TECHNOLOGY WAY NORWOOD, MA 020629106

Signatures

By: WILLIAM A. MARTIN, Attny In Fact

12/06/2005

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This is a vesting schedule. 33.33% vests one, two & three years from grant date.

(2) This is a vesting schedule. 50% vests one and two years from grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.